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123103

Patent
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Date: December 31, 2003

By: 

Rena lov

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: CHU, DAVID Z.J.

APPLICATION NO.: Not yet assigned

FILED: DECEMBER 31, 2003

FOR: **EXPANDABLE SURGICAL RETRACTOR
FOR INTERNAL BODY SPACES
APPROACHED WITH MINIMALLY
INVASIVE INCISIONS OR THROUGH
EXISTING ORIFICES**

22387 U.S. PTO
10/749877
123103

**Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir: Transmitted herewith for filing is a patent application by inventor: David Z.J. Chu, and entitled:

**EXPANDABLE SURGICAL RETRACTOR FOR INTERNAL BODY
SPACES APPROACHED WITH MINIMALLY INVASIVE INCISIONS OR
THROUGH EXISTING ORIFICES**

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO datestamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-26 and
- ☒ 3 Sheets of drawings (figures 1 through 3).
- ☐ Declaration of Inventorship (unsigned).
- ☐ Assignment(s) for recordation with transmittal sheet.
- ☐ Executed Power of Attorney by Assignee.

2. U.S. Priority

- ☒ This application claims priority to U.S. Provisional Patent Application No. 60/438,168 filed January 6, 2003, which is incorporated herein in its entirety by reference.

- ☐ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. «SerialNo» filed in on is claimed under 35 USC §119.
☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$385.00	or		\$770.00
Total Claims	- 20		x \$ 9 =	\$	or	x \$ 18 =	\$
Independent Claims	- 3		x \$43 =	\$	or	x \$ 86 =	\$
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$	or	+ \$290 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	or	TOTAL	\$

- ☒ Applicant claims small entity status. See 37 CFR §1.27.
☐ A check in the amount of \$ is enclosed to cover the Filing Fee.
☐ Please charge Deposit Account No. 50-2586 in the amount of \$
☐ The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account No. 50-2586.
☒ ***Filing fee to be submitted in response to anticipated receipt of Notice to File Missing Parts of Application. DO NOT CHARGE DEPOSIT ACCOUNT.**

Respectfully submitted,
Perkins Coie LLP



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Date: December 31, 2003

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